

ATTACHMENT 5
See chapter 6, paragraph D4

PREPARATION OF DLA FORM 1151

A. DLA Form 1151, Control Register for DD Forms 200. The DRMO will maintain this form or a data base equivalent with all the required report elements. The DRMO will maintain a separate form or a database equivalent, to record DRMS Forms 39-3 sent to DRMS-O for approval.

B. Instructions for preparing DLA Form 1151 are keyed to form blocks as follows:

1. **Name of Responsible Activity:** Enter DRMS-O or the DRMO.

2. **Control Number:** HQ DRMS will assign a control number to each DD Form 200. Requests for a control number may be made by phone (DSN) 661-7541 or facsimile to (DSN) 661-5284. The control number will include two digits representing the fiscal year in which the form is prepared, a letter to designate what happened to the property (L for property lost, DA for property damaged and DE for property destroyed), and a number to represent the numerical sequence in which the form is received at DRMS Service Center. The control number for the first Report of Property Lost for FY 1999, would be 99-L-1; for Property Damaged - 99-DA-1; and for Property Destroyed - 99-DE-1.

3. **Name of Responsible Officer:** Enter the name of the RPO of the DRMO sustaining the loss, damage or destruction.

4. **Discovery Date of LDD (Loss, Damage or Destruction):** Enter the date on which the loss, damage or destruction was discovered (from DD Form 200).

5. **Date Survey Officer (FLO) Appointed:** Enter the date on which the FLO was appointed to conduct further research; or enter **N/A** if no FLO was appointed.

NOTE: Enter information relating to the FLO in the space(s) identified for the Survey Officer.

6. **Date Appointing Officer Receives Report:** Enter the date (mm/dd/yy) on which the DD Form 200 is submitted for review.

7. **Date of Final Approval:** Enter the date (mm/dd/yy) when the report received final approval.

8. **Name of Financial Liability Officer (FLO):** Enter the name of the individual, if an FLO was appointed. If no FLO was appointed, enter **NA**.

9. **Property Description:** Enter a brief, but accurate description of the property lost, damaged or destroyed. When applicable, also provide information such as NSN, LSN, DTID or serial number.

10. **Type of Property Involved:** From the following codes, assign the one closest to describing the type of property involved:

a. Drug items that are controlled substances requiring at least limited access for security, but requiring less security than vault storage, such as stimulant and depressant drugs, narcotics paraphernalia and tobacco.

b. Firearms, ammunition and explosives.

c. Pilferable items, other than sensitive and drug items, having a ready resale value, a history of unexplained losses or known theft, or having application for civilian or personal use that makes them

attractive items for theft.

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d. Sensitive items including controlled substances requiring vault storage such as opium, morphine, codeine, methadone and metham-phetamines. This category also includes precious metals, alcohol and alcoholic beverages.

e. Other

11. **Reason for LDD:** From among the following codes, assign the one that comes closest to describing the reason for the loss, damage or destruction:

a. An accident resulting from carelessness or ignorance.

b. Condition change of property including deterioration, shrinkage and contamination.

c. Fire or smoke damage.

d. Natural disaster.

e. Theft by a U.S. Government employee.

f. Theft by other than a U.S. Government employee.

g. Vandalism (willful or malicious destruction of property).

h. *Other.*

i. *Unknown.*

j. P24/H24 Breakdown.

k. Data entry error.

12. **Recorded Value of LDD:** Enter the value at which the lost, damaged or destroyed property was listed in the accountable officer's records. Use fair market value for scrap.

13. **Pecuniary Liability Assessed:** If pecuniary liability was assessed, state the amount. If no pecuniary liability was assessed, enter **0**.

14. **Remarks:** Enter the name of DRMO where the loss, damage or destruction occurred.

C. **FORMS AND REPORTS.** The Forward Support Teams and DRMS-O will forward a hardcopy recap of all DD Form 200s approved during the preceding quarter to arrive at DRMS-TSP on or before the tenth of the first month of the next quarter. Use the format in attachment 6 or a database equivalent. DRMS will provide a consolidated recap (all DD Form 200s) plus one copy of the control register(s) showing all DD Form 200s approved during the fiscal year to DLA-FOX, on or before 15 October each year. This report will be signed by the Commander or Deputy, HQ DRMS. Report control symbol DRMS-O-89-2 (Q) is assigned.

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CONTROL REGISTER

FORM AVAILABLE IN FORM FLOW